



# Foster Care

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***Supporting Schools and Students to Achieve***

SHERRI YBARRA, ED.S., SUPERINTENDENT OF PUBLIC INSTRUCTION

# Backpacks Full of Hope



[NBC News - Backpacks of Hope Video](#)

# Guidance – MOU – ISDE & IDHW



## GUIDANCE FOR IMPLEMENTATION OF THE MOU BETWEEN IDHW AND ISDE FOR ESSA



Idaho Department of Health & Welfare  
Family and Community Services



# Guidance – MOU – ISDE & IDHW (2)



I. Purpose

II. Notification & Identification of Transportation Plan

III. Funding & Reimbursement

Appendix 1 – Scenarios Guidance for IV – E Claims

# I-CARE Letter-Notification



Message securedoc\_20180413T220639.html (126 KB)

## You have received a secure message

**Read your secure message by opening the attachment, securedoc.html.** You will be prompted to open (view) the file or save (download) it to your computer. For best results, save the file first, then open it in a Web browser. To access from a mobile device, forward this message to [mobile@res.cisco.com](mailto:mobile@res.cisco.com) to receive a mobile login URL.

If you have concerns about the validity of this message, contact the sender directly.

**First time users** - will need to register after opening the attachment. For more information, click the following Help link.

**Help** - <https://res.cisco.com/websafe/help?topic=ReqEnvelope>

**About Cisco Registered Email Service** - <https://res.cisco.com/websafe/about>

# I-CARE Letter - Notification



## You have received a secure message

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**Read your secure message by opening the attachment, [securedoc.html](#).** You will be prompted to open (view) the file or save (download) it to your computer. For best results, save the file first, then open it in a Web browser. To access from a mobile device, forward this message to [mobile@res.cisco.com](mailto:mobile@res.cisco.com) to receive a mobile login URL.

If you have concerns about the validity of this message, contact the sender directly.

**First time users** - will need to register after opening the attachment. For more information, click the following Help link.

**Help** - <https://res.cisco.com/websafe/help?topic=RegEnvelope>

**About Cisco Registered Email Service** - <https://res.cisco.com/websafe/about>

# I-CARE Letter – Notification (2)







04/13/2018  
10:06:39 PM GMT  
Message Security: Medium

[? Help](#)

English (US) ▼

From: FosterCareNotices@dhw.idaho.gov

To: - Select One - ▼

Subject: sendsecure ESSA notification - [redacted]  
[redacted] 1

Submit

[My address is not listed](#)

Use on mobile: [install application for iOS](#) or [Android](#)



Cisco  
Registered  
Envelope  
Service

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# I-CARE Letter – Notification (3)







04/13/2018  
04:06:39 PM MDT  
Message Security: Medium

[? Help](#) English (US) ▼

From: FosterCareNotices@dhw.idaho.gov

To: jmathews@sde.idaho.gov

Subject: **sendsecure ESSA notification -** [REDACTED]

Password:

[Forgot password?](#)

☐ Remember me on this computer

☐ Enable my Personal Security Phrase

Security Phrase  
Your personal phrase is not enabled on this computer.  
[More info](#)

[Open](#)

[Select a different address](#)

If you experience problems opening this message, try to [Open Online](#)

Use on mobile: install application for [iOS](#) or [Android](#)




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Envelope  
Service

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# I-CARE Letter - (1)



 VIEW | EDIT | PRINT | SHARE | ADD TO FAVORITES

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**Secured Message** Reply Reply All Forward

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**From:** FosterCareNotices@dhw.idaho.gov  
**To:** [REDACTED]@schools.org  
**CC:** [REDACTED]@schools.org, jmathews@sde.idaho.gov, [REDACTED]@dhw.idaho.gov, FosterCareNotices@dhw.idaho.gov  
**Date:** 04/12/2018 03:22:47 PM MDT  
**Subject:** sendsecure ESSA notification - [REDACTED] - DOB - [REDACTED]

---

**To:** [REDACTED] MIDDLE SCHOOL  
**From:** [REDACTED]

**RE:** [REDACTED] DOB - [REDACTED]  
**Date of entering foster care placement change -** [REDACTED]

The above named child is in the custody of the Idaho Department of Health and Welfare (IDHW). This student is covered by the Every Student Succeeds Act. Students covered under the federal law have the right to attend and are entitled to transportation to their school of origin.

At this time, the child has been placed with [REDACTED] and [REDACTED]. Their contact information is [REDACTED] ID # [REDACTED]. When report cards, IEPs discipline notices, etc., are sent to the foster parent, please forward a copy to the Department at the email address below.

The Department is committed to ensuring educational stability for students in their care and custody. The student's best interest considerations have been evaluated, and the Department has made the following initial determination: The Department received a Court Order Investigation in regards to child due to [REDACTED]. Subsequent to the [REDACTED] enrolled child from [REDACTED] Middle School where she was attending. Due to safety concerns in the home, [REDACTED] was placed into the custody of the Idaho Department of Health and Welfare and currently resides in a relative foster placement. [REDACTED] attended [REDACTED] Middle School previously and it is where her sibling currently attends. [REDACTED] is going to be moving back into the district of [REDACTED] Middle School within the next 30-60 days. It is in [REDACTED] best interest for her to return to [REDACTED] Middle School where she previously attended as this is where her sibling also attends school and she will be returning to her residence within the school's district.

If you have any questions or concerns about the initial best interest determination that has been made, please contact me utilizing the information below within a three-school calendar day timeframe\*. If transportation arrangements are identified as a need to accommodate the initial determination, the process should be started immediately.

Social Workers are responsible for registering all children in the State's custody. Recent legislation allows foster parents to make decisions regarding a child's routine participation in extracurricular, enrichment, cultural and school activities, such as after school activities and field trips. This includes signing permission slips. Additionally, while a child is in the custody of the Department, only IDHW personnel and the child's foster parents may pick-up or sign a child out unless other individuals have been approved by IDHW.

If you have any questions or concerns, please do not hesitate to contact me at [REDACTED] or by email at [REDACTED]@dhw.idaho.gov. Thank you for your assistance.

Sincerely,  
[REDACTED]  
Department of Health and Welfare  
[REDACTED]@dhw.idaho.gov  
(208) [REDACTED]

\*During the school breaks, a fourteen-calendar day timeframe (unless school resumes within that timeframe) is allotted to provide input into the initial determination.

# I-CARE Letter – (2)



**FOR FOSTER CARE LIAISON USE AFTER INITIAL NOTIFICATION, AS WELL AS ONGOING COMMUNICATION BETWEEN THE LIAISON AND THE IDHW SOCIAL WORKER. IF THERE ARE QUESTIONS REGARDING THE INITIAL BEST INTEREST DETERMINATION AND/OR IF TRANSPORTATION ARRANGEMENTS ARE NEEDED, THEN THE FOLLOWING INFORMATION BELOW NEEDS TO BE COMPLETED. IF THERE ARE NO QUESTIONS OR ADDITIONAL TRANSPORTATION ARRANGEMENTS NEEDED, THEN PLEASE DISREGARD THE SECTION BELOW.**

**Information regarding the best interest determination – further information/considerations** *(will be applicable if the school's Foster Care Liaison has questions, concerns, or feedback after the initial best interest determination has been made by the IDHW Social Worker)*

**Transportation information/considerations/planning** *(this should include the specifics related to the mode of transportation, person/people transporting if not on the school bus, or other transportation services being utilized when applicable)*

**Finalized transportation plan \*\*\*This must be signed via a typed signature by both parties prior to the implementation of a newly developed transportation plan to keep a student in their school of origin after it has been determined to be in their best interest.**

\_\_\_\_\_  
IDHW Social Worker Date

\_\_\_\_\_  
LEA Foster Care Liaison\* Date

\*As the LEA Foster Care Liaison, I hereby certify that I agree to the plan set forth in this iCARE letter, and that I am authorized by the school district to sign this document.

# I-CARE Letter – (3)



\*As the LEA Foster Care Liaison, I hereby certify that I agree to the plan set forth in this iCARE letter, and that I am authorized by the school district to sign this document.

NOTICE: THIS ELECTRONIC MESSAGE TRANSMISSION CONTAINS INFORMATION WHICH MAY BE CONFIDENTIAL OR PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL(S) OR ENTITY(IES) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE BE AWARE THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR USE OF THE CONTENTS OF THIS INFORMATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS ELECTRONIC TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER AND DELETE THE COPY YOU RECEIVED.

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[Reply](#) [ReplyAll](#) [Forward](#)

# I-CARE Letter – Reply – Add Information



Welcome **jmathews**

REPLY TO ALL RECIPIENTS

[Send](#) [Reset](#) [Cancel](#)

From: jmathews@sde.idaho.gov  
To: FosterCareNotices@dhw.idaho.gov, [REDACTED]  
CC: [REDACTED]schools.org, [REDACTED]@dhw.Idaho.gov, FosterCareNotices@dhw.idaho.gov  
Subject: RE: sendsecure ESSA notification - [REDACTED] - DOB - [REDACTED]

[Attachments](#)

(none)

Message: [Rich Text](#)

-----Original Message:

From: FosterCareNotices@dhw.idaho.gov  
To: [REDACTED]  
CC: [REDACTED]schools.org, jmathews@sde.idaho.gov, [REDACTED]@dhw.Idaho.gov, FosterCareNotices@dhw.idaho.gov  
Date: 04/12/2018 03:22:47 PM MDT  
Subject: sendsecure ESSA notification - [REDACTED] - DOB - [REDACTED]

To: [REDACTED] MIDDLE SCHOOL  
From: [REDACTED]

RE: [REDACTED] - DOB - [REDACTED]  
Date of entering foster care/placement change - [REDACTED]

The above named child is in the custody of the Idaho Department of Health and Welfare (IDHW). This student is covered by the Every Student Succeeds Act. Students covered under the federal law have the right to

- ☐ Automatically BCC me on this email.  
☐ Send me a read receipt when a recipient has opened this email.

This option does not guarantee a receipt will be sent; recipient email applications can sometimes block read receipt requests.

[Send](#) [Reset](#) [Cancel](#)

# Request for IV-E Claim



Request for IV-E Claim	
According to the Every Student Succeeds Act (ESSA), "Transportation is a central component of educational stability and may be needed in order to fulfill the requirements that both LEAs and child welfare agencies ensure educational stability for children in foster care; thus, both agencies must collaborate regarding transportation if it is necessary so that a child in foster care may remain in his or her school of origin, consistent with section 475(5)(G)(ii)(I) of the Social Security Act."	
"An LEA must ensure that transportation is provided for children in foster care consistent with the procedures developed by the LEA in collaboration with the State or local child welfare agency under section 1112(c)(5)(B) of the ESEA."	
Student Name:	Click or tap here to enter text.
Student Date of Birth:	Click or tap here to enter text.
Home Address:	Click or tap here to enter text.
School:	Click or tap here to enter text.
Transportation Start Date:	Click or tap here to enter text.
Transportation End Date:	Click or tap here to enter text.
Pick up/drop off address (if different than home address)	Is same as home address: <input type="checkbox"/>
	Click or tap here to enter text.
Cost Per Mile (per mile/per day)	Click or tap here to enter text.
How many days are in this billing cycle?	Click or tap here to enter text.
Total number of miles for AM and PM round trips per one day	Click or tap here to enter text.

Actual cost LEA is paying		Cost of additional route	
Total Round Trip Base Route		Total Round Trip Additional Route	Additional Route
Miles	Click or tap here to enter text.	Miles	Click or tap here to enter text.
		Total cost per day (# of miles X cost per mile)	\$ Click or tap here to enter text.
		Total cost per billing cycle (total cost per day X number of days)	\$ Click or tap here to enter text.
		<b>TOTAL ADDITIONAL ROUTE COST</b>	<b>\$ Click or tap here to enter text.</b>
The total round trip route (base route and additional route) reflect actual services that have already been provided. ***To be eligible for reimbursement, all fields must be completed. If any of the fields are missing, this information will be considered incomplete. This complete form must be submitted securely via e-mail to <a href="mailto:fostercarenotices@dhw.idaho.gov">fostercarenotices@dhw.idaho.gov</a> along with a copy of the paid invoice.			



By adding my initials, I am acknowledging that a request for federal or state reimbursement has not already been submitted for this mileage/cost. Initials: Click or tap here to enter text.
LEA Representative for Payment: Click or tap here to enter text.
LEA Representative Signature: Click or tap here to enter text.



# Reimbursement – Title IV-E



The steps for an LEA to receive reimbursement are as follows:

- i. The LEA initially pays for the transportation cost for the student in foster care.
- ii. The LEA provides the IDHW with a copy of the paid invoice with a completed Request for IV-E Claim form submitted to IDHW via e-mail to the [fostercarenotices@dhw.idaho.gov](mailto:fostercarenotices@dhw.idaho.gov) inbox in a secure manner. Incomplete documentation will not be eligible for reimbursement.
- iii. The IDHW includes the eligible expenditures along with other Title IV-E expenditures and submits the claim to the U.S. Department of Health and Human Services on a quarterly basis.
- iv. The U.S. Department of Health and Human Services reimburses the Idaho Department of Health & Welfare for the Title IV-E eligible students. Depending on timing, reimbursement will fall either within the current quarterly claim, or the upcoming quarterly claim.
- v. The IDHW reimburses the LEA for the Title IV-E portion when applicable. Reimbursement to the LEA will be between 90 and 180 days of the claim being submitted by IDHW to the U.S. Department of Health and Human Services.

# Medical Educational Placement Letter



[ Region's Letterhead]

Date:

To: Medical and Educational Providers

From: Idaho Department of Health & Welfare Child and Family Services

RE: FOSTER CARE PLACEMENT VERIFICATION AND AUTHORIZATION FOR SERVICES FOR

[CHILD's NAME]                      DOB:

The above-named child has been placed in the custody of the Idaho Department of Health and Welfare, Child and Family Services (Department). The child has been placed with [FOSTER FAMILY NAME], a licensed/approved foster family in the state of Idaho.

#### **FOSTER PARENT(S) ROLE**

As a licensed/approved foster family, the foster parent(s) are authorized by the Department to provide for the child's day-to-day care. This includes ensuring the child:

- accesses medical care, routine or emergency and following treatment recommendations outlined by a licensed physician/nurse practitioner;
- attends school or an approved educational program, per Idaho Code, section 33-202;
- participates in carrying out the child's service plan (educational, development, behavioral, mental health, etc.);
- accesses services through the Women, Infants, and Children (WIC) Program, if applicable;
- accesses and participates in educational, social, and extracurricular activities; and
- accesses child care, if deemed appropriate.

The foster parent must collaborate with the Department, birth parents/legal guardian, and providers in meeting the child's needs, unless directed otherwise by the child's assigned case worker.

#### **AUTHORIZATION**

The child's parent(s)/legal guardian or the Department, as the legal custodian of the child, may authorize medical treatment and school enrollment on behalf of the child. **Foster parents** are not the legal custodian; thus, they **do not have the authority to sign medical consents for treatment, prescription medication, enroll the child in school, or driver's education.**

# CONTACT INFORMATION



- Update Contact Information!
- Foster Care Liaison – email & phone number
- Name of each school building principal
- Email of each school building principal
- Physical address of each school building





# 3RD ANNUAL FAMILY & COMMUNITY ENGAGEMENT CONFERENCE



» Muriel Summers



» Dr. Jamle Rife



» Dr. Ronald Mah



» Chris Heeter



» Frank De Angellis



» Salome Thomas

**SAVE THE DATE**  
**OCTOBER 8 - 9, 2018**

The Stueckle Sky Center at Boise State University

[WWW.SDE.IDAHO.GOV/EVENTS/FACE-CONFERENCE/](http://WWW.SDE.IDAHO.GOV/EVENTS/FACE-CONFERENCE/)

# Questions?

**Jill Mathews** | Family & Community Engagement Coordinator/ Foster Care Liaison

Idaho State Department of Education

650 W State Street, Boise, ID 83702

208 332 6855

[jmathews@sde.idaho.gov](mailto:jmathews@sde.idaho.gov)

[www.sde.idaho.gov/federal-programs](http://www.sde.idaho.gov/federal-programs)



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SHERRI YBARRA, ED.S., SUPERINTENDENT OF PUBLIC INSTRUCTION

2018 New & Experienced Federal Program Directors Meeting – Foster Care